MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-027599

Preserve of the property of	DO NOT WRITE ON THIS STUB		AMI	NDEI	•	<u>L</u>	egistration District No	6 / Prin	nary Regis	tration Distr	ict No. 4/0	ZRegistrar's No.	158	L	STATE FILE 1	UMBER	
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13. FATTERES NAME 13. MANUER'S MALIDEN NAME 14. NAME OF RUSSAND OR WIFE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 16. NAME OF RUSSAND OR WIFE 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT Address 16. CAUSE OF INTER SECURITY NO. 17. INFORMANT 18. CAUSE OF INTER SECURITY NO. 18. CAUSE OF INTER SECURIT	6 .	≨		1 1			during most of working	g life, even it retired) USEWILFE	!			Ne nodo.	Misso	uri	U.S.A		
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STATEMENT BY LICENSED EMBALMER

· , I he	reby certify that	the body who	ose name is reco	orded on the reverse	side of this certificate was emba	ilmed by me,
or by			<u> </u>	. (<u>1 . (</u>	, Student Embalmer No	
working un	der my personal :	supervision.			0. 0.	·
Student	Signature of	Student Embalme		Signed May	W. Siekering	
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting If this body is not embalmed, fact should be so stated above. unit obtains